

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/554116

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		0		1		
5		0		1		
6		0		1		
7		0		1		
8		0		2		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16	1		1			
17		1		1		
18		2		2		
19		0		2		
20		0		2		
21		0		2		
22		0		2		
23		0		2		
24		0		2		
25		0		2		
26		0		1		
27		0		1		
28		0		1		
29		0		1		
30		0		1		
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34	1					
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48						
49						
50						
TOTAL IND.	4	↓	2	↓		↓
TOTAL DEP.	33	←	41	←		←
TOTAL CLAIMS	37		43			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						